

Work Order ID **93919**

93919

Page 1

November-27-12 3:02:01 PM


Item ID: **D4708-9** Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Lanyard **12**
 Start Date: 11/27/12 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12-11-29 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4708	A								
110		0.00							
110									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>18553</u>								
	Manufacture as per dwg								
	Possible supplier: LEXCO CABLE MFG INC.								
	Material release note is required.								
120	Receive & Inspect for Damage & Mat'l Certs	0.00							
120									
Packaging	Memo	0.00							
Packaging									
130	QC6- Inspect dimensions to drawing	0.00							
130									
QC	Memo	0.00							
Quality Control									

CZ 12/11/30 12

12/12/10 (12)

(12) 12-12-10 

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

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93919

Page 2

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Item Name: Lanyard

Start Date: 11/27/12 **Start Qty:** 2.00 ***2***

Cust Item ID:

Required Date: 12/07/12 **Req'd Qty:** 2.00 ***2***

Customer:

Reference:

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/
Work Center ID

Operation Description

Set Up/ Run Hours

Tool ID	Tool #	Plan Code
---------	--------	-----------

Accept Qty	Reject Qty	Reject Number	Insp. Stamp

140

Identify as per dwg & Stock Location:

SL 118

0.00

:140

Packaging

Memo

0.00

Packaging

150

QC21- Final Inspection - Work Order Release

0.00

150

QC

Memo

0.00

Quality Control

SP
12-12-17
12/12/18
MCS 12-12-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

November-27-12 3:02:00 PM

Page 1

Work Order ID: 93919

Parent Item: D4708-9

Parent Item Name: Lanyard

Start Date: 11/27/12

Required Date: 12/07/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.09.10 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4708-9P Lanyard		Purchased	No			120	Each	0.0000	1	2			

12/12/10 (12)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

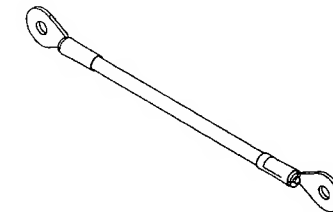
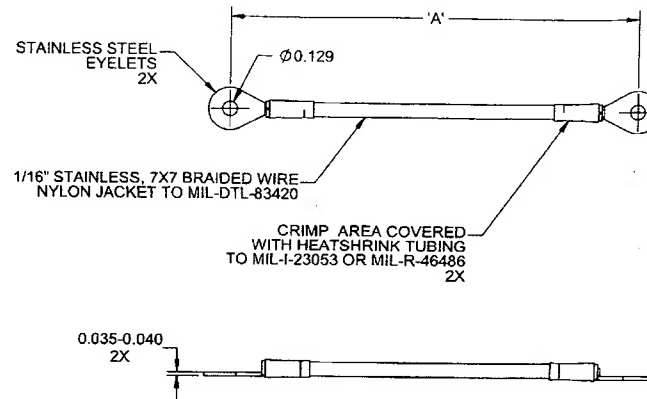
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
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Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

SPECIFICATION CONTROL DRAWING



D4708-X LANYARD

DART P/N	DIM 'A'
D4708-1	3.5
D4708-3	5.0
D4708-5	8.0
D4708-7	10.0
D4708-9	12.0

NOTES:

- 1) MATERIAL: AS INDICATED
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4708-1" AND B/N "BXXXXX" PER QSI 044 6.7
- 7) WEIGHT: TBD lbs
- 8) RECOMMENDED SUPPLIER: LEXCO CABLE MFG INC.

SUBJECT: UNCONTROLLED
 ENGINEERING
 SUBJECT: 93919 MLC
 12-11-29
 2012-10-12

A		NEW ISSUE		RP	12.09.19
REV.	DESCRIPTION			BY	DATE
DESIGN	RP	DART AEROSPACE USA, INC.			
DRAWN	RP	KENT, WA			
CHECKED	A.P.	DRAWING NO.	REV. A		
MFG. APPR.		D4708	SHEET 1 OF 1		
APPROVED		TITLE	SCALE		
DE APPR.		LANYARD	NTS		
DATE	12.09.19	COPYRIGHT © 2012 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.			



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18553**

Purchase Order Date 11/30/12

PO Print Date 11/30/12

Page Number 1 of 1

Order From : VU-LEX003

LEXCO CABLE MFG & DISTRIBUTORS INC.
7320 W AGATITE
NORRIDGE, IL 60706
USA

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

800-626-6556

Requisition Nbr

Vendor Fax

773-478-4584

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
~~Call~~

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D4708-9P	Lanyard	12/12/12 Yes	12.00 Each	FedEx PI collect	\$4.4800	\$53.76

Special Inst: AS PER DWG D4708 REV. A
B93919

PO Total: \$53.76

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr:

Change Date: 11/30/12

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required **YES** NO

LEXCO CABLE MFG & DISTRIBUTORS, INC.
7320 WEST AGATITE
NORRIDGE, IL 60706
T 800-626-6556 F 773-478-4584
(773) 588-8890

PICKED BY

PACKED BY

SHIPPED BY

7.6
D.A.B.

PACKING LIST

ORDER DATE: 12/4/2012
SALESPERSON: IE

ORDER NUMBER: 0156824
CUSTOMER NUMBER: 01-0011993

SOLD TO:
DART AEROSPACE LTD
1270 Aberdeen Street
Hawkesbury, Ontario, ON K6A 1K7

SHIP TO:

DART AEROSPACE LTD
1270 Aberdeen Street
Hawkesbury, Ontario, ON K6A 1K7

PHONE #: 613-632-5200

DATE SHIPPED:

12/7/12

CUSTOMER P.O.
18553

SHIP VIA
FEDEX P1

F.O.B.
#151793240 COLL

TERMS
NET 30

ORDERED	U/M	SHIP B/O	ITEM NUMBER	DESCRIPTION	PRICE
12	EA	<u>12</u> 6	D4708-9P	Cable Assy 12"	4.4800

PER DWG D4708 REV A - B93919

SHIP 12/10/12

 ORIGINAL

ENTERED BY

FORM QOP-03-01-01F
REV 061900

FREIGHT

CHARGES

TOTAL

PACKING LIST

COMMERCIAL INVOICE

SHIP DATE:	12/7/2012	Bill of Lading / Air Waybill No.:	794246248294
INVOICE / ORDER:	0259567	PRO:	
PO:	18553	FTR Exemption:	NO EEI 30.36
Reason for Export:	Sale	TERMS OF SALE:	DDP

SHIPPER/EXPORTER LEXCO 7320 W AGATITE NORRIDGE, IL 60706 PHONE NO. (773) 588-8890	CONSIGNEE DART AEROSPACE LTD 1270 Aberdeen Street Hawkesbury, Ontario, ON K6A 1K7 CANADA PHONE NO. (613) 632-5200
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BROKER PHONE NO.	IMPORTER PHONE NO.
-----------------------------	-------------------------------

IRS / EIN # /	POINT (STATE) OF ORIGIN IL	EXPORTING CARRIER FedEx International Priority®	MODE OF TRANSPORT Air
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DESCRIPTION OF GOODS				
# UNITS UOM	SCHEDULE B CLASSIFICATION NO.	DESCRIPTION	COUNTRY OF ORIGIN	UNIT VALUE VALUE (U.S. dollars) (Selling price or cost if not sold)
1.00000 NMB	7312102500 ARTICLES	STRANDED WIRE OF IRON OR STEEL FITTED WITH FITTINGS OR MADE UP INTO	US	53.76000 53.76

			TOTAL VALUE 53.76
FREIGHT CHARGES 0.00	OTHER CHARGES (Specify) Other Charges 0.00	INSURANCE CHARGES 0.00	TOTAL EXTRA CHARGES 0.00
TOTAL # OF PACKAGES 1	TOTAL WEIGHT 0 lbs	DISCOUNT 0.00	INVOICE TOTAL 53.76

I hereby certify that the information on this invoice is true and correct, and the contents and value of this shipment is as stated above.

SHIPPER / EXPORTER Tom Buode MGR DATE 12.7.12

These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.